

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

ENVIRONMENTAL PROTECTION
AGENCY, REGION II
NEW YORK, N.Y.

1985 APR -5 AM 11:54

PERMITS ADMINISTRATION
BRANCH

PLEASE PLACE LABEL IN THIS SPACE

INSTALLATION'S EPA
I.D. NO.I. NAME OF IN-
STALLATIONII. INSTALLA-
TION
MAILING
ADDRESSIII. LOCATION
OF INSTAL-
LATION

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F NJD981076284

T/A C

1

I. NAME OF INSTALLATION

M J TRANSIT BUS OPERATIONS INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 180 BOYDEN AVE

CITY OR TOWN

ST.

ZIP CODE

4 MAPLEWOOD

NJ 07040

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 419 ANDERSON AVE

CITY OR TOWN

ST.

ZIP CODE

6 FAIRVIEW

NJ 07022

Bergen
003

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 LENNY MCCRUM FOREMAN

201-943-0489

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 M J TRANSIT BUS OPERATIONS INC

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23	24	25	26	27	28
7	8	9	10	11	12
23	24	25	26	27	28

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23	24	25	26	27	28
19	20	21	22	23	24
23	24	25	26	27	28
25	26	27	28	29	30
23	24	25	26	27	28

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23	24	25	26	27	28
37	38	39	40	41	42
23	24	25	26	27	28
43	44	45	46	47	48
23	24	25	26	27	28

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23	24	25	26	27	28

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Herb W. Reddale

NAME & OFFICIAL TITLE (type or print)

Manager of Facilities Engineering

DATE SIGNED

3/18/85

EPA Form 8700-12 (6-80) REVERSE

Removal of #4 heating oil sludge
from storage tank.



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

04/25/94

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD981076284

FACILITY NAME -> NJ TRANSIT - FAIRVIEW GARAGE

MAILING ADDRESS -> 1 PENN PLZ
NEWARK, NJ 07105-2246

INSTALLATION ADDRESS -> 419 ANDERSON AVE
FAIRVIEW, NJ 07022

EPA Form 8700-12AB (4-80)


UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: VALENTE, ELSA
SR TECH SP
NJ TRANSIT - FAIRVIEW GARAGE
1 PENN PLZ
NEWARK, NJ 07105-2246

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved: OMB No. 2050-0072 Expires 6-31-93
GSA No. 2248-EPA-07

<p>Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).</p>		 <h1>Notification of Regulated Waste Activity</h1> <p><i>(change) name</i></p> <p>United States Environmental Protection Agency</p>		<p>Date Received (For Official Use Only)</p> <p>JAN 24 1994 (BL)</p>	
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)					
<input type="checkbox"/> A. First Notification		<input checked="" type="checkbox"/> B. Subsequent Notification (complete item C)		C. Installation's EPA ID Number	
				NJ D981076284	
II. Name of Installation (Include company and specific site name)					
NJ Transit-Fairview Garage					
III. Location of Installation (Physical address not P.O. Box or Route Number)					
Street					
419 Andersen Ave					
Street (continued)					
City or Town			State	ZIP Code	
Fairview			NJ	07022-	
County Code	County Name				
	Bergen				
IV. Installation Mailing Address (See Instructions)					
Street or P.O. Box					
1 Penn Plaza East-Env. Services					
City or Town			State	ZIP Code	
Newark			NJ	07105-2246	
V. Installation Contact (Person to be contacted regarding waste activities at site)					
Name (last)			(first)		
Valente			Elsa		
Job Title			Phone Number (area code and number)		
Sr. Tech. Specialist			201-491-7899		
VI. Installation Contact Address (See Instructions)					
A. Contact Address Location		B. Street or P.O. Box			
<input checked="" type="checkbox"/> Mailing		1 Penn Plaza East			
City or Town			State	ZIP Code	
Newark			NJ	07105-2246	
VII. Ownership (See Instructions)					
A. Name of Installation's Legal Owner					
NJ Transit Corporation					
Street, P.O. Box, or Route Number					
1 Penn Plaza East					
City or Town			State	ZIP Code	
Newark			NJ	07105-2246	
Phone Number (area code and number)			B. Land Type	C. Owner Type	D. Change of Owner Indicator (Date Changed) Month Day Year
201-491-7000			S	S	Yes No X

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Referral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☒
- (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- D006

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
X					
7	8	9	10	11	12

C. Other Wastes. (State other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6
X 721	X 722	X 726			

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature ORIGINAL

Esa Valente

Name and Official Title (type or print)

Esa Valente - Sr. Tech. Specialist

Date Signed

Jan 14, 1994

XI. Comments

Please Change the name of installation to:
NJ Transit - Fairview Garage

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)